

# Exhibit 57

**DECLARATION OF MARIA MORRIS-GROVES**

I, Maria L. Morris-Groves, declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the following is true and correct:

1. I am the Acting Associate Commissioner for the Division of Addiction Treatment and Recovery at the New York Office of Addiction Services and Supports (OASAS).

2. As the Acting Associate Commissioner for the Division of Addiction Treatment and Recovery at the NYS Office of Addiction Services and Supports (OASAS), I oversee treatment and recovery services, gambling health and support services and Medicaid policy and implementation. I have over 30 years of experience in the field of addiction and have focused on the development and enhancement of services and supports for women, youth and young adults and their families. I have been engaged in the development of clinical practice standards for both women and their children as well as adolescents and young adults with substance use disorders, at both the state and federal level. I have served as the OASAS lead on the development of Medicaid Services for youth and the Project Director on several federal grants designed to enhance services for youth and women. I hold a B.A. in Social Work from Siena College and an M.S. in Education from the College of Saint Rose.

3. The mission of the New York State Office of Addiction Services and Supports (OASAS) is to provide, support, and oversee a data-driven continuum of addiction services delivered with equity, dignity, compassion, and respect. OASAS oversees one of the nation's largest Substance Use Disorder systems of care with approximately 1,700 prevention, treatment and recovery programs serving over 730,000 individuals per year. This includes the direct operation of 12 Addiction Treatment Centers (ATCs) that provide inpatient and residential services to over 5,000 individuals per year. OASAS is the single designated state agency responsible for the coordination of state-federal relations in the area of addiction services.

4. I am familiar with the information in the statements set forth below either through personal knowledge, consultation with OASAS staff, or from my review of relevant documents and information. I submit this Declaration in support of the States' Motion for a Preliminary Injunction to block the HHS Notice.

5. OASAS has a role with respect to the administration of multiple programs listed in a Notice issued by HHS on July 10, 2025, entitled "Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of 'Federal Public Benefit'" (the "HHS PRWORA Notice"): the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRSBG), Mental Health and Substance Use Disorder Treatment, Prevention, and Recovery Support Services Programs administered by the Substance Abuse and Mental Health Services Administration not otherwise covered and the Certified Community Behavioral Health Clinics (CCBHCs). In the HHS PRWORA Notice, HHS has classified the SUPTRBG, SAMHSA Grants and CCHBCs as providing "Federal public benefit[s]," under U.S.C. § 1611(c). Because we jointly oversee and license CCHBCs with New York's Office of Mental Health, I will not address it here.

6. I understand that the HHS PRWORA Notice took effect on Monday, July 14, 2025, and since then, OASAS has no mechanism to demonstrate and verify compliance with the new policy. Even though nonprofit entities are exempt from having to verify citizenship status, the State is not. OASAS is not aware of any way in which it could implement such verification without requiring the people seeking services to prove their qualified alien status, when they are seeking services to prevent or treat addiction and where a delay of such services could result in overdose or death.

7. If OASAS does not implement some kind of requirement that the subgrantees ask for documentation to confirm immigration status, and we do not receive some judicial relief, we

face the loss of federal funds due to our inability to verify and demonstrate compliance, not to mention any other enforcement the agency wishes to impose on OASAS. The HHS PRWORA Notice is not clear as to whether grantees could face clawbacks for funding utilized since July 14.

**Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)**

8. The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRSBG) was created in 1993, and the New York State Office of Addiction Services and Supports, or its predecessor agencies, have administered the block grant since its inception. The objective of the SUPTRSBG is “to help plan, implement, and evaluate activities that prevent and treat substance use” and it is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS). “Grantees use the funds to plan, implement, and evaluate activities that prevent and treat substance use and promote public health.”<sup>1</sup>

9. The SUPTRSBG funding New York (and all states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, six Pacific jurisdictions, and one tribal entity) receives is formula funding. For fiscal year 2024, New York’s SUPTRSBG allocation was approximately \$114.5 million, over 19% of our annual funding to not-for-profit community providers and local county governments for substance use prevention and treatment services.

10. To receive funds, grantees must “[h]ave the flexibility to distribute the SUPTRSBG funds to local government entities, such as municipal, county, or intermediaries, including administrative service organizations;” “[h]ave SUPTRSBG sub-recipients, such as community- and faith-based organizations (non-governmental organizations),” and deliver substance use prevention activities to individuals and communities impacted by substance use and substance use disorder treatment and recovery support services to individuals and families impacted by substance

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<sup>1</sup> SAMHSA, Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRSBG) <https://www.samhsa.gov/grants/block-grants/subg> (last updated April 24, 2023).

use disorder.<sup>2</sup> The SUPTRSBG program focuses on prevention and targets pregnant women and women with dependent children; injection drug users; tuberculosis services; and primary prevention services.

11. New York receives SUPG block grant funding and utilizes it to support addiction services at nonprofit organizations. OASAS currently subgrants to 56 nonprofit organizations that provide direct services to individuals in communities, including Comprehensive Outpatient Services, Inpatient Rehabilitation Services, Medically Supervised Outpatient, Outpatient Opioid Treatment, Medically Supervised Withdrawal, Residential Services, Residential Rehabilitation Services for Youth, and Primary Prevention Services. Subrecipients could be clinics, bedded facilities, or outpatient programs. These providers utilize sliding fee scales but are required to accept people regardless of ability to pay. There are 178 programs funded through Substance Use Prevention, Treatment, and Recovery Services block grant funding.

12. SUPTRSBG subrecipients are not asking for or screening based on immigration status as a condition of receiving services. Under state law, they must serve people regardless of ability to pay and SUPTRSBG subgrantees therefore serve vulnerable communities in the State. OASAS has relied on the longstanding HHS position that States can provide SUPTRSBG funds regardless of immigration status of the people served with the funds.

13. New York State addiction programs serve over 730,000 individuals with or at risk of an addiction per year. Prevention providers deliver evidence-based education programs, workshops, and training sessions in community-based settings (e.g. schools) statewide and work on policy and enforcement efforts to reduce underage drinking and create positive alternative activities for youth. Treatment services include person - centered care through the use of evidenced based practices to support individuals in obtaining recovery. Specifically, the

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<sup>2</sup> *Id.*

SUPTRS BG supports women who are pregnant seeking treatment and recovery, through specialty programs that focus specifically on the parent and the child, Funding is also used to support Recovery Services, for individuals seeking support in maintaining their recovery. These services are spread out across the state and specifically, developed to meet the needs of the individuals in the rural, suburban and urban areas of NYS. In addressing the opioid epidemic specifically, New York's efforts to increase access to evidence-based care, and life saving medications has resulted in a 32 percent drop in drug related deaths in 2024 compared to 2023 according to Center for Disease Control preliminary data issued in May 2025. An estimated 4,567 New Yorkers died of a drug overdose in 2024, compared to 6,688 in 2023.

14. Some of those who receive services may be undocumented immigrants, but many people also just lack insurance or means to pay. This population may also lack access to documentation to verify their status. While this Notice may be targeting undocumented immigrants, a far broader array of vulnerable people will suffer if the State cannot disburse funds to the clinics and other facilities that engage in these critical preventive services.

**Substance Abuse and Mental Health Services Administration (SAMHSA) Grants not otherwise covered**

15. The Notice refers to "Mental Health and Substance Use Disorder Treatment, Prevention, and Recovery Support Services Programs administered by the Substance Abuse and Mental Health Services Administration not otherwise covered under (37)-(40)" of the Notice. While it is unclear what will be encompassed by this catchall category, we are concerned about several of our discretionary grants, including the Strategic Prevention Framework-Partnership for Success (SPF-PFS), the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program, the Youth and Family Treatment Recovery Enhancement and Expansion (Youth and Family TREE), Community Overdose Prevention Education (Project COPE), and State Opioid

Response Grants. Activities supported by these grants are delivered regardless of immigration status, insurance status, or ability to pay.

16. The Strategic Prevention Framework-Partnership for Success (SPF-PFS) grant is a five year grant contract for \$1.25 million annually awarded by SAMSHA to OASAS. The purpose of the SPS-PFS program is to reduce the onset and progression of substance misuse and related behavioral health issues by supporting the development and delivery of state and community level prevention programming to prevent the misuse of substances and promote mental health and well-being among youth and adults.

17. The Screening, Brief Intervention, and Referral to Treatment (SBIRT) program is a five year SAMHSA discretionary grant awarded to OASAS for the time period of 2021 to 2026 for \$995,000 annually. The SBIRT program is designed to support the implementation of evidence-based early intervention services in primary care and community health settings with a particular focus on identification of underage drinking, opioid use, and other forms of substance misuse in children, adolescents and adults.

18. The Youth and Family Treatment Recovery Enhancement and Expansion (Youth and Family TREE) grant is a discretionary SAMHSA funding awarded to OASAS for \$545,000 annually from September 30, 2021 through September 29, 2026. This grant is to enhance and expand comprehensive treatment, early intervention, and recovery support services for adolescents (ages 12–17) and transitional-aged youth (ages 18–25) with substance use and co-occurring mental health disorders, along with their families and primary caregivers.

19. Community Overdose Prevention Education (Project COPE) is a discretionary five year SAMHSA grant awarded to New York State OASAS for \$850,000 annually. The funds are used to reduce fatal overdoses in high-risk populations, including pregnant, postpartum, and parenting persons, survivors of domestic violence, and tribal communities, through targeted outreach, prevention education, and access to naloxone, and other harm reduction resources.

**State Opioid Response Grant 3 (SOR 3)**

20. State Opioid Response (SOR 3) Grant is discretionary funding provided by the federal Substance Abuse and Mental Health Services Administration (SAMSHA). New York State OASAS receives \$56.87 million annually under this two-year grant, which is currently in a no-cost extension period.

21. The intent of SOR 3 is to address the opioid overdose crisis by expanding access to the Food and Drug Administration's approved medications for opioid use disorder (MOUD), and strengthening the continuum of prevention, harm reduction, treatment, and recovery support services for individuals with opioid use disorder (OUD) and other substance use disorders.

22. SOR 3 programming also supports services for stimulant use disorders, including those related to cocaine and methamphetamine.

23. New York State uses SOR 3 funding to support a network of providers who offer access to evidence-based care. All services are delivered without regard to immigration status or ability to pay.

**State Opioid Response Grant 4 (SOR 4)**

24. State Opioid Response (SOR 4) Grant is discretionary funding provided by the federal Substance Abuse and Mental Health Services Administration (SAMSHA) to OASAS. New York State receives \$56.14 million annually under this three-year grant, which is currently in its first year.

25. New York State utilizes SOR 4 funding to continue the state's efforts to combat the overdose crisis, driven primarily by illicitly manufactured fentanyl, by increasing access to Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders. In addition, the program also supports the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.



26. The SOR 4 grant funding supports a wide range of services across New York State. Providers funded under SOR 4 are required to serve individuals regardless of their insurance coverage, ability to pay, or immigration status.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 18th day of July, 2025, in Albany, New York.

A handwritten signature in black ink, reading "Maria L. Morris-Groves", written over a horizontal line.

Maria L. Morris-Groves  
Acting Associate Commissioner for the  
Division of Addiction Treatment and  
Recovery  
New York Office of Addiction Services and  
Supports